

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

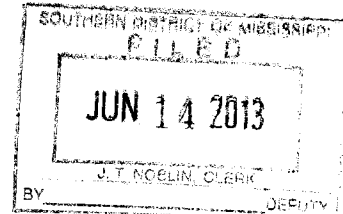
**COMPLAINT**

Riddle 1005578  
(Last Name) (Identification Number)

STEVEN EDWARD  
(First Name) (Middle Name)

RANKIN COUNTY JAIL  
(Institution)

221 N. TIMBER ST, BRANDON, MS, 39042  
(Address)  
(Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action)



V.

CIVIL ACTION NUMBER: 3:13-CV-328-CWR-FKB  
(to be completed by the Court)

BRYAN BAILEY - SHERIFF  
LT. BEN BLAINE - JAIL ADMINISTRATOR  
MITCH HALL - DETENTION OFFICER  
DENISE CRAIG - DETENTION OFFICER  
KATIE MINOR - NURSE  
LAVERN COLLUM - MEDICAL ADMINISTRATOR  
DR. MICHAEL REDDIX - OWNER "HEALTH ASSURANCE LLC"  
(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF**

**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ( )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: ① STEVEN RIDDLE vs. BILLY MAGEE  
② STEVEN RIDDLE vs. MS. DEPT. OF CORRECTIONS  
③ STEVEN RIDDLE vs. MS. DEPT. OF CORRECTIONS
  - Court (if federal court, name the district; if state court, name the county): ① SOUTHERN DISTRICT  
② NORTHERN DISTRICT ③ ? SOUTHERN DISTRICT
  - Docket Number: UNKNOWN
  - Name of judge to whom case was assigned: UNKNOWN
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): ① PLAINTIFF DISMISSED ② DISMISSED MISSED DEADLINE ③ DISMISSED REPEATIVE

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: STEVEN RIDDLE Prisoner Number: RANKIN COUNTY JAIL ID # 1005578  
 Address: 221 N. TIMBER ST BRANDON, MS. 39042

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: BRYAN BAILEY is employed as  
SHERIFF OF RANKIN COUNTY MS. at 221 N. TIMBER ST  
BRANDON, MS. 39042

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME:

ADDRESS:

STEVEN RIDDLE221 N. TIMBER ST BRANDON, MS. 39042

## DEFENDANT(S):

NAME:

ADDRESS:

BEN BLAINE - JAIL ADMINISTRATOR221 N. TIMBER ST BRANDON, MS. 39042MITCH HALL - DETENTION OFFICER221 N. TIMBER ST BRANDON, MS. 39042DENISE CRAIG - DETENTION OFFICER221 N. TIMBER ST BRANDON, MS. 39042KATIE MINOR - NURSE221 N. TIMBER ST BRANDON, MS. 39042LAVERN COLLUM - MEDICAL ADMINISTRATOR221 N. TIMBER ST BRANDON, MS. 39042DR. MICHAEL REDDIX - OWNER221 N. TIMBER ST BRANDON, MS. 39042"HEALTH ASSURANCE LLC"5903 RIDGEWOOD ROAD, SUITE 310  
JACKSON, MS. 39211 - 3702

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ( ) No (X)

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ) No (X)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ) No (X)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ) No (X)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes ( ) No ( ), if so, state the results of the procedure: \_\_\_\_\_

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes (X) No ( )

2. State how your claims were presented (written request, verbal request, request for forms): WRITTEN REQUEST  
EXHIBITS ONE, ONE-A, ONE-B AND ONE-L

3. State the date your claims were presented: 12-27-12, 1-14-13, 2-13-13, 2-24-13

4. State the result of the procedure: AFTER INITIATING THIS COMPLAINT LT. BEN BLAINE ANSWERED MY  
GRIEVANCE DATED 2-24-13 EXHIBIT ONE. LT. BEN BLAINE GAVE HIS FINAL ANSWER ON  
MAY 23, 2013. SEE EXHIBIT 1-L

## STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

- ① - DENIAL OF STATE OR FEDERAL RIGHT TO MAKE A PHONE CALL AFTER BEING BOOKED INTO JAIL  
BECAUSE OF BEING HOMELESS. \*(Page 6)\*
  - ② - EXCESSIVE FORCE \*(Page 7)\*
  - ③ - INADEQUATE GRIEVANCE PROCEDURE \*(Page 8-14)\*
  - ④ - INADEQUATE MEDICAL SERVICES, DENIAL TO PROVIDE MEDICAL HELP, DELIBERATE  
INDIFFERENCE TO MEDICAL NEEDS \*(Page 16-24)\*
  - ⑤ - DENIAL OF ACCESS TO COURTS - INADEQUATE LEGAL ASSISTANCE PROGRAM \*(Page 30-35)\*
- \* PLEASE SEE ATTACHED PAGES \*

## RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

PLEASE SEE ATTACHED PAGES \*(Pages 37-42)\*

Signed this 30<sup>th</sup> day of MAY, 2013

Stu Riche # 1005578

221 N. TIMBER ST, BRANDON, MS, 39042

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

5-30-13  
(Date)

Stu Riche  
Signature of plaintiff